## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 27 OF Use separate schedule(s)

FOR LINE NUMBER:						PAGE	: 2	27	OF	•	105
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) ODP Federal Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rowe, Kevin, , , Date of Receipt Mailing Address 417 Los Altos Way 11 2020 City Zip Code State Transaction ID: 4063803 Santa Fe NM 87501-1233 Amount of Each Receipt this Period FEC ID number of contributing C 9900.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) K Rowe Investments, LLC Managing Member Receipt For: Aggregate Year-to-Date ▼ Primary General \* Earmarked Contribution: See Below 9900.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ACTBLUE Date of Receipt Mailing Address PO Box 441146 2020 City State Zip Code Transaction ID: 4063803E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 9900.00 C00401224 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 10295.75 Other (specify) ▼ organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rubenstein, Carl, J, Date of Receipt Mailing Address 2627 W Wilshire Blvd 24 2020 City State Zip Code Transaction ID: 4028566 OK Oklahoma City 73116-4012 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Oklahoma Cardiovascular Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 220.63 Other (specify) 9925.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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